PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 1		10/720,378			
FEE TRANSMITTAL				Filing Date		November 25, 2003			
				First Named Inventor N		Nobuyuki SEKIKAWA			
For FY 2005				Examiner Name S		S. Rao			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2		2814			
TOTAL AMOUNT OF PAYMENT (\$) 910.00				Attorney Docket No. 4		492322001810			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULA		7 and 1.17							
	SEARCH, AND EXA	MINATION FEI	-s						
27.010 (12.110)	•	NG FEES		RCH FEES	EXAMINA	ATION FEES			
A	F. (A)	Small Entity	E (A)	Small Entity	E (A)	Small Entity	F 1	5-1-1 (A)	
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	rees i	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0		•	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description								Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent	t claims						360	180	
Total Claims	<u>fotal Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee I</u>		Fee Pa	'aid (\$) <u>Mul</u>		Iltiple Dependent Claims			
- 20	= x .	= _			<u>Fee</u>	<u>(\$)</u>	Fee Paid (\$	9	
			5 D-	(4)				_	
Indep. Claims		Fee (\$)	Fee Pa	10 (\$)					
3. APPLICATION S									
	n and drawings exce	ed 100 sheets o	f naner (e	xcluding electr	onically file	d sequence or	computer		
	37 CFR 1.52(e)), the							0	
	on thereof. See 35					• /			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								Paid (\$)	
- 100 = /50 (round up to a whole number) x							=		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1251 Extension for response within first month							790.00 120.00		
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SUBMITTED BY		- 6		logistration Ma		T			
Signature Clex Charles Registration N (Attorney/Agen					28,055	Telephone	(703) 760-7743		
Name (Print/Type) Ba	arry E. Bretschnei	der 31,	942			Date	Decembe	r 6, 2005	